

Fiscal Year Report of Slot Machine Taxes

Account No., Name, Address, Zip Code

For Office Use Only

Check
Number _____Batch
Number _____Entry
Date _____

Please correct if in error

INSTRUCTIONS

This report must be filed and fees paid **PRIOR** to placing slot machines into operation. If slot machines are to be added **AFTER** the beginning of the fiscal year, you must file a supplemental NGC-4. A penalty will be charged for late filing.

The total number of slot machines to be operated must be included on this report, regardless of ownership.

This report must be filed and the prorated tax paid prior to the addition of slot machines during the fiscal year.

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

PRORATED TAX SCHEDULE

Machines to Be Placed into Operation in the Month of	Amount Due for Each Machine	Machines to Be Placed into Operation in the Month of	Amount Due for Each Machine
July	\$ 250.00	January	\$ 125.00
August	229.17	February	104.17
September	208.33	March	83.33
October	187.50	April	62.50
November	166.67	May	41.67
December	145.83	June	20.83

Line 1. Total number of slot machines to be operated: _____

Line 2. Tax due: Line 1 times \$250.00.
(Use Prorated Tax Schedule for additions during the fiscal year),
and enter date of addition: _____ \$ _____

Line 3. Penalty for late payment NRS 463.270(5):
A. Less than 10 days late: 25% of the amount due, but not
less than \$50.00 and not more
than \$1,000.00. _____

B. Ten or more days late: 25% of the amount due, but not
less than \$50.00 and not more
than \$5,000.00. _____

Line 4. Total amount due: (Total of lines 2 and 3A or 3B) \$ _____

**Please make remittance payable to the Nevada Gaming Commission and return to
State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004**

I, _____, certify and declare under the penalties of perjury that I am the
_____ of the business named above; that this is a true, correct and complete report
(Owner, Partner, President, Treasurer, Other - describe)
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and
consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: _____ Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS